

<b>RATES: HEALTH INSURANCE PROGRAMS</b>								<b>Section 3.4-7</b>
<b>Active Employee Rates (2008 Plan)</b>								
<b>Effective January 1, 2016</b>								
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning December 27, 2015, and paid on January 15, 2016.								
							<b>20 Pay Pd</b>	
			<b>Annual</b>	<b>Monthly</b>	<b>Biweekly</b>		<b>Employees</b>	
<b>Medical Plan</b>								
<b>Individual</b>			<b>\$7,484.28</b>	<b>\$623.69</b>	<b>\$287.86</b>		<b>\$374.21</b>	
<b>Family</b>			<b>\$20,982.24</b>	<b>\$1,748.52</b>	<b>\$807.01</b>		<b>\$1,049.11</b>	
<b>Dental Plan</b>								
<b>Individual</b>			<b>\$408.12</b>	<b>\$34.01</b>	<b>\$15.70</b>		<b>\$20.41</b>	
<b>Family</b>			<b>\$1,142.52</b>	<b>\$95.21</b>	<b>\$43.94</b>		<b>\$57.13</b>	
<b>Vision Plan</b>								
<b>Individual</b>			<b>\$56.88</b>	<b>\$4.74</b>	<b>\$2.19</b>		<b>\$2.84</b>	
<b>Family</b>			<b>\$156.96</b>	<b>\$13.08</b>	<b>\$6.04</b>		<b>\$7.85</b>	
<b>Medical, Dental, and Vision</b>								
<b>Individual</b>			<b>\$7,949.28</b>	<b>\$662.44</b>	<b>\$305.75</b>		<b>\$397.46</b>	
<b>Family</b>			<b>\$22,281.72</b>	<b>\$1,856.81</b>	<b>\$857.00</b>		<b>\$1,114.09</b>	

RATES: HEALTH INSURANCE PROGRAMS								Section 3.4-7
Active Employee Rates (2008 Plan) - Employee Co-Share (Percent of Premium Based)								
Effective January 1, 2016								
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning December 27, 2015, and paid on January 15, 2016.								
FULL TIME			Percentage	Medical	Dental	Vision	Total	
Individual								
Less than \$95,481			20%	\$57.57	\$3.14	\$0.44	\$61.15	
\$95,481 and above			25%	\$71.96	\$3.93	\$0.55	\$76.44	
Family								
Less than \$47,741			15%	\$121.05	\$6.59	\$0.91	\$128.55	
\$47,741 to less than \$95,481			20%	\$161.40	\$8.79	\$1.21	\$171.40	
\$95,481 and above			25%	\$201.75	\$10.99	\$1.51	\$214.25	
PART TIME			(Based on Annualized Total Rate)					
Individual								
Less than \$90,000			20%	\$57.57	\$3.14	\$0.44	\$61.15	
\$90,000 and above			35%	\$100.75	\$5.49	\$0.77	\$107.01	
Family								
Less than \$90,000			20%	\$161.40	\$8.79	\$1.21	\$171.40	
\$90,000 and above			35%	\$282.45	\$15.38	\$2.11	\$299.94	